



Beach Cities Midwifery & Women's Health Care

Welcome to Beach Cities Midwifery & Women's Health Care. The following information will give you a description of standard global charges. During pregnancy you will receive services from our office, Beach Cities Midwifery & Women's Health Care and for your birth either at the Beach Side Birth Center or in your home. We have a cash contract package of \$6,500 if you do not have insurance. If you have insurance our financial office will contact your insurance provider, determine your benefits and provide you with a personalized financial estimate based on your insurance coverage. OB care is submitted as a global bill and is not submitted until the baby is born. Our estimate will be based on information received during your consult visit. If insurance changes during your pregnancy this estimate may not reflect your new benefits. You will be responsible for any fees not covered by your insurance that is active at the time of birth. The information provided in no way binds you to the cost for care at Beach Cities Midwifery & Women's Health Care. It is solely for educating you about the cost breakdown related to your care should you decide to join our practice. Our global fees are described below:

Professional Fees: Includes all prenatal visits, birth, and postpartum visits. (Estimated insurance reimbursement range \$2000-\$2500)

- Visits will be with one of our midwives (CNM/CPM)
- Visits are scheduled as long as 30 minutes in order to have time to discuss your questions/concerns
- Attendance of a midwife during your labor, birth and initial postpartum period at the Birth Center or at home if that is your plan

Birth Center Facility Fee: Includes materials, supplies, use of equipment, availability of emergency resources – all deemed medically necessary by your insurance. (Estimated insurance reimbursement range \$2000-\$2500) – NOTE: this fee is not able to be billed to your insurance if you plan a home birth as your home is not a state licensed facility

- private birthing room and bathroom,
- birth assistant to provide care in coordination with the midwife
- initial newborn care with comprehensive exam prior to discharge

Support Services Fees: Premium services provided by Beach Cities Midwifery are not billable to your insurance and are therefore an out of pocket cost. The fees for these services are \$1750 and include:

- Holding your reservation with the CNM and BC as we limit the number of accepted patients/month
- Deep water immersion tub for labor and water birth
- 2 week postpartum visit to provide earlier follow up
- Guaranteed coordination of care with physician/hospital and/or labor support if transfer to hospital is required (midwife or birth assistant will be coordinated to attend at hospital)
- Completion of initial and supplementary disability/FMLA forms and return to work letter as needed
- Coordination of birth certificate and social security registration for your baby
- Full service financial team to provide personalized services that are above and beyond claim submission and appeals if needed. This helps you to understand financial obligation prior to initiating care
- Access to and use of Birth Center kitchen facilities.
- Healthy baby 'Go Home' packet at birth

Additional Information: Please initial each point verifying that you have read and understand the information

1. ____ I understand that my insurance may have a **deductible** that I am responsible for each contract year. If pregnancy covers 2 calendar years I may have to pay my deductible for each of those years. In addition, my insurance may have a **co-insurance** where I pay a percentage of cost after the deductible is met. For example, if my co-insurance is 80/20 that means that I am responsible for any charges after the deductible is met at 20% of the allowable charge. Lastly, some insurances have a **copay** that is your responsibility. You can check with your insurance to determine if this applies to you.
2. ____ We will verify benefits with the insurance that you provide to us during your consult/first visit. I understand that if at any time there is a change in insurance it is your responsibility to provide BCM this information as an additional verification and likely change in your financial agreement will be needed. Failure to do so may result in you having a different financial responsibility or denial of claim all together.
3. ____ I understand that if I am covered by more than one plan (secondary insurance plan) it affects the billing process. If I do not update all insurance information I will be responsible for the entire cost if the primary insurance denies the claim.
4. ____ I understand that it is my responsibility to know if a referral or authorization is required for my care. If you fail to alert the front desk about the requirement of a referral/authorization, payment for services will be the responsibility of the patient if claims are denied.
5. ____ Per insurance guidelines Beach Cities Midwifery is required to hold all claims for prenatal visits, delivery and postpartum care until the day that your baby is born. This is considered global billing and is the industry standard for all OB providers. Any payments paid during your prenatal care will not be reflected on your insurance until the birth of your baby.
6. ____ During your care at BCM there may be services you receive that are specific to your care and not part of the global billing. These services will be billed to your insurance at the time the service is rendered and are in addition to the global fees. If for any reason these services are denied/not allowed by your insurance an invoice will be sent to you for the services rendered. This could include, but is not limited to:
 - pregnancy confirmation visit (considered gynecologic care and not part of OB services)
 - ultrasounds (excludes the 36 wk fetal presentation ultrasound)
 - non-stress testing,
 - lab analysis (bill will come from the Laboratory Service),
 - medications recommended for care (examples include: immunization for mother or father, Rhogam if mother is Rh negative blood type)
 - any non-related OB exams, such as, management of bladder infection, cold/flu, etc
 - Newborn care, exam and newborn screening test
7. ____ When your baby is born he/she becomes a new member of your insurance and all visits and procedures will be billed under the baby's name. Your baby may have its' own deductible that these charges may be assessed under. Your baby will be covered (generally) under your insurance for the first 30 days while you get the baby enrolled as a member. It is your responsibility to coordinate the addition of your baby to your insurance. If you fail to do so then all claims for your baby will be denied resulting in a cash charge to you.

By signing you acknowledge the receipt of this information and have had an opportunity to ask any questions.

Signature
Revised 110717

Print Name

Date

8. ____ If you have a HSA/FSA we can provide you with a ‘receipt or superbill’ outlining the cost of services for you to submit for reimbursement. It is your responsibility to know the rules around your plan. Also I understand that a bill cannot be generated before the birth of your baby unless the services rendered are not part of the global contract (see #5). If the pregnancy goes between 2 calendar years then a receipt or bill for the care provided in the first year will not apply since it is part of the global bill that is generated with the birth of the baby.
9. ____ Once you begin care with us, we will give you a written agreement of your financial responsibility for our care. I understand there are non-refundable payments due at 24 weeks (\$750), 30 weeks (\$1000), and 36 weeks of pregnancy for remainder of insurance responsibility. If you begin care after 25 weeks but before 29 weeks you will make the 24 week payment of \$750 at the initial visit. If you begin care after 31 weeks but before 34 weeks you will make the 24 and 30 week payment of \$1750 at the initial visit. If you begin care after 35 weeks then your estimated responsibility will be due in full at your initial visit. Should your bill remain outstanding at 36 weeks we will work with you to transfer your care for your birth.
10. ____ I understand that any portion of the fees not paid by my insurance is my responsibility. If my insurance is not active at the time of the claim submission and/or I enroll in a new plan, it is my responsibility to alert the provider of the new insurance. If I fail to get the new insurance to the office in a timely manner and your claim is denied due to untimely filing the claim will require payment by me at the CASH price.
11. ____ Labor Support Cancellation Policy: Part of your care includes the full support services fee as described on page one of this document. Part of this fee is coordination of midwives and/or other support in advance of your labor. If you fail to cancel your guaranteed support 24 hours prior to you calling the midwife for labor the support fee for labor will not be refunded.
12. ____ Should a refund be applicable, Beach Cities Midwifery & Women’s Health Care has up to 30 days following receipt of final reconciliation of the insurance claim to issue a refund. This refund will be issued in the name of the patient in our care and sent to the address on file unless another address is provided.

By signing you acknowledge the receipt of this information and have had an opportunity to ask any questions.

Signature
Revised 110717

Print Name

Date